

**RSCC PTA PROGRAM**  
**WORK VERIFICATION AND RECOMMENDATION FORM**

Revised June 2018

Please return to:

Beth Vowell, Program Director, PTA Program  
vowellmp@roanestate.edu  
Roane State Community College  
ORBC  
701 Briarcliff Ave  
Oak Ridge, TN 37830

Applicant: Please complete this section if you have a minimum of one year of work experience as a physical therapy technician and were directly supervision by a licensed PT or PTA. (If you have observation experience contact the Program Director for the appropriate form)

Applicant Name (please print): \_\_\_\_\_

R # or Social Security Number: \_\_\_\_\_

(check one)

\_\_\_\_\_ I waive the right to inspect this confidential reference when it becomes part of my permanent file at RSCC. I realize that according to the Family Education Rights and Privacy Act of 1974, this waiver is optional.

\_\_\_\_\_ I do not waive this right.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**RSCC PTA PROGRAM  
WORK VERIFICATION /RECOMMENDATION FORM WAIVER**

Revised 4-2018

**Supervisor of physical therapy technician: Please complete this section.**

The person named below is applying to the PTA program at Roane State Community College. Supervisors of applicants are asked to rate the applicant's work as a physical therapy technician using the scale provided and return to Beth Vowell, PTA program director at [vowellmp@roanestate.edu](mailto:vowellmp@roanestate.edu). The evaluator must be a licensed physical therapist or physical therapist assistant not related to the applicant. Your signature on this form will indicate that you meet these qualifications and will serve as verification of the applicant's employment. Please email this form by May 15<sup>th</sup> of the year the student is applying (or use USPS if no email is available). **\*This form is valid for 3 years from the signature date.** Your ratings are confidential unless otherwise advised.

**Beth Vowell, PTA Program Director**  
**vowellmp@roanestate.edu**  
**Roane State Community College**  
**701 Briarcliff Ave**  
**Oak Ridge TN**  
**37830**

**Full Name and Job/Title of Applicant** \_\_\_\_\_

**Applicants dates of employment (month and year)** \_\_\_\_\_

**Total number of months/years employed:** \_\_\_\_\_

**Average hours worked weekly** \_\_\_\_\_

Instructions: The evaluating therapist should complete the performance rating based on the student's performance while at your facility. Place a check directly under the appropriate descriptor for each of the categories. The student has been asked to sign a waiver so that your ratings are confidential.

| Category (place check in appropriate box) | Behavior not appropriate to the situation, questionable ability to improve | Demonstrates acceptable behavior, able to accept and use feedback | Performance exceeds average level |
|---|--|---|-----------------------------------|
| Punctuality                               |  |   |                                   |
| Responsibility for self                   |  |   |                                   |
| Adequate communication skills             |  |   |                                   |
| Appropriate reaction to supervision       |  |   |                                   |
| Initiative/self-directed learning         |  |   |                                   |
| Adequate awareness of safety factors      |  |   |                                   |

**Overall Recommendation to the PTA Program:**

Strongly recommend (4)\_\_\_\_\_

Recommend (3)\_\_\_\_\_

Recommend with reservations (1)\_\_\_\_\_

Do not recommend (0)\_\_\_\_\_

Supervisor Name and Title: \_\_\_\_\_ Facility \_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Facility Name and Phone: \_\_\_\_\_

May we contact you if we need clarification?      \_\_\_ Yes \_\_\_ No